

TELEFAX COVER SHEET

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TO: Assistant Commissioner of Patents

FAX NO.: 703-872-9314

FROM: Eamon J. Wall

DATE: 3/12/02

MATTER: Serial No. 09/925,215 Filed: 8/8/01

DOCKET NO.: DIVA/056CON1

APPLICANT: Lerman et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition
☐ Disclosure Statement & PTO-1449
☐ Priority Document
☐ Drawings (sheets) informal
☒ Preliminary Amendment

☐ Transmittal Letter (2 copies)
☐ Fee Transmittal (2 copies)
☐ Deposit Account Transaction
☒ Facsimile Transmission Certificate
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/925,215	
	Filing Date	8/8/01	
	First Named Inventor	Lerman	
	Group Art Unit	2881	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	8	Attorney Docket Number	DIVA/056CON1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response (Preliminary) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any underpayment or credit any overpayment of fees (including but not limited to any extension fees pursuant to 1.136(a)), to Deposit Account 20-0782. A duplicate copy of this transmittal is attached.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eamon J. Wall, Reg. No. 39,414
Signature	<i>E. J. Wall</i>
Date	3/12/02